

APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

☐ Permanent Parking Placard.... No Fee

☐ Disabled Person Plates.... No Fee

☐ Temporary Parking Placard.... \$6.00

☐ Travel Parking Placard.... \$6.00

Any information contained in this certification, as part of the application for a disabled person's parking privileges, will be available to local public law enforcement or local agency responsible for the enforcement of parking regulations (Vehicle Code §22511.58).

A doctor's certification is NOT required if you have lost, or lost the use of one or both lower extremities or both hands, and the application is presented in person. **All other disabilities** require a doctor's certification. **THE DISABILITY MUST BE READILY OBSERVABLE AND UNCONTESTED. VC §22511.55(5.b)**

A. PLEASE TELL US ABOUT YOURSELF: (PRINT TRUE FULL NAME)

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
MAILING ADDRESS			DRIVER LICENSE/ID NUMBER
CITY	STATE	ZIP	DAYTIME TELEPHONE NUMBER

1. Are you a resident of California? ☐ Yes ☐ No

If "no" you may apply for a temporary placard only with a maximum 90 day use.

2. Do you currently have a permanent disabled veteran license plates or a permanent parking placard

If "yes," please give number (*No doctor's certification required*). NUMBER:

B. DISABLED PERSON LICENSE PLATES

Vehicle you wish to put DP Plates on:

Current Plate Number Vehicle Identification Make

COMMERCIAL VEHICLE EXEMPTION

☐ This is the only commercial vehicle weighing less than 6,001 pounds unladen which displays a disabled person license plate for which I will request exemption from weight fees.

C. APPLICANTS SIGNATURE AND CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that I am ☐ permanently ☐ temporarily disabled due to and the information entered by me on this document is true and correct.

SIGNATURE	DATE
X	

DOCTOR'S CERTIFICATION OF DISABILITY

(FOR PHYSICIAN OR AUTHORIZED MEDICAL PROFESSIONAL ONLY)

The physician or authorized medical professional certifying the qualifying disability must provide a full description of the illness or disability per Vehicle Code §22511.55. Please complete the following for either permanent or temporary disability.

D. ☐ PERMANENT PLACARD

☐ TEMPORARY PLACARD Valid until Month Day Yr

NOTE: Temporary placards fee \$6—Cannot exceed 6 months (180 days) for California residents, 3 months (90 days) for a non-resident, or 1 month (30 days) for a travel placard.

Any licensed physician may certify to items 1-8. A licensed chiropractor may certify to items 3 and 6. A licensed ophthalmologist or optometrist may certify to item 7 only.

The applicant suffers from the following disability.

- ☐ Lung disease to such an extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or arterial oxygen tension (PO2) is less than 60 mm/HG on room air at rest.
- ☐ Cardiovascular disease impairment limitations classified in severity as Class III or Class IV according to standards accepted by the American Heart Association.
- ☐ A significant limitation in the use of the lower extremities which substantially impairs or interferes with mobility, or requires the aid of an assistant device for mobility (e.g., cane, walker, crutches, etc.) due to:
- ☐ A diagnosed disease or disorder which substantially impairs or interferes with mobility, or requires the aid of an assistant device for mobility (e.g., cane, walker, crutches, etc.) due to:
- ☐ Loss, or loss of the use of, one or both lower extremities. Loss of use due to:
- ☐ Loss, or loss of the use of, both hands. Loss of use due to:
- ☐ Central visual acuity not exceeding 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity greater than 20/200 with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees.
- ☐ Disabled due to:

E. DOCTOR'S SIGNATURE

I certify I am a ☐ Physician ☐ Chiropractor ☐ Ophthalmologist ☐ Optometrist ☐ Other and I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

SIGNATURE	DATE	MEDICAL LICENSE NUMBER	DAYTIME TELEPHONE NUMBER
PRINTED NAME		ADDRESS	
X			

IMPORTANT

DISABLED PERSON PARKING PLACARD INFORMATION

TO OBTAIN A PARKING PLACARD:

1. Complete the applicable sections on the reverse side of this form, Application/Statement of Facts for Disabled Person Parking Placard or Plates.
2. Obtain your doctor's certification on the form.
3. Mail to: DMV PLACARD, P. O. Box 942869, Sacramento, CA 94269-0001

IT IS ILLEGAL TO . . .

- Lend your placard to another.
- Forge a doctor's signature.
- Use another person's placard.
- Provide false information to obtain a placard.
- Alter a placard or placard identification card.
- Possess or display a counterfeit placard.

Remember . . .

- The only legal use of a placard is its display by the person to whom it is issued. The disabled person does not have to own or drive the vehicle to use the placard.
- Placard abuse or misuse can result in the cancellation and revocation of the placard and loss of the privileges it provides. **VIOLATORS WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.**
- California laws require the surrender of the placard to DMV within 60 days of the death of a placard holder.

Disabled Person Parking Placards are issued, upon presentation of the completed application, to individuals whose mobility is impaired due to one of the following conditions:

- Cardiovascular (heart or circulatory) disease
- Pulmonary (lung) disease
- A diagnosed disease or disorder which significantly limits the use of lower extremities
- Specific documented visual problems including low-vision or partial sightedness
- Loss, or loss of the use of, one or more lower extremities or both hands

Permanent disabled parking placards are issued to any qualifying disabled person or disabled veteran. The placard has a fixed expiration date of June 30, every odd-numbered year.

NOTE: A doctor's certification is **NOT** required for a permanent disabled parking placard if you have lost, or permanently lost the use of one or both lower extremities or both hands, the disability is readily observable and uncontested, and the application is presented in person.

NOTE: If you already have the special disabled person or disabled veteran license plates assigned to your vehicle, a doctor's certification will not be required in order to obtain a placard, provided that license plate number is entered in part "A" of the application form.

Temporary disabled parking placards are issued to:

1. Any person who is temporarily disabled for a period of not more than six months. The placard is valid for not more than *180 days* from the date it is issued, or upon the ending date of the disability noted in the doctor's certification, whichever is less. (Check Temporary Parking Placard box on front.)
2. Any disabled person or disabled veteran who has been issued **either** a California permanent parking placard **or** California disabled person or disabled veteran license plates, but not both, for travel purposes. The placard is not valid for more than *30 days* from the date it is issued. A doctor's certification is not required **if** the placard or plate number is entered in part A. (Check Travel Parking Placard box on front.)
3. Any disabled person or disabled veteran who is not a resident of California who plans to travel within the state. The placard is valid for not more than *90 days* from the date it is issued, or upon the ending date noted in the doctor's certification, whichever is less. (Check Temporary Placard box on front.)